

Anxiety disorders

Introduction

Anxiety disorders in children include separation anxiety, specific phobias, panic disorder, post-traumatic stress disorder, obsessive-compulsive disorder and generalised anxiety disorder (Green et al 2005; Koppelman 2004).

Anxiety disorders in adults include panic disorder, agoraphobia, generalised anxiety disorder, specific phobia, social phobia, obsessive-compulsive disorder, acute stress disorder and post-traumatic stress disorder (US Department of Health and Human Services 1999).

Treatments for anxiety disorders for both children and adults include cognitive-behavioural therapy and other psychotherapy, as well as pharmacotherapy (American Academy of Child and Adolescent Psychiatry 2007; US Department of Health and Human Services 1999).

What were the survey questions?

The 2006/07 New Zealand Health Survey asked parents if they had ever been told by a doctor that their child had any of the health conditions listed on a show card, of which anxiety was one prompted response, and particular anxiety disorders could be specified by the parent respondent.

Adult participants in the 2006/07 New Zealand Health Survey were asked if they had ever been told by a doctor that they had any of the following conditions, which were listed on a show card:

- 1 depression
- 2 bipolar disorder (manic depression)
- 3 anxiety disorder (including panic, phobia, post-traumatic stress disorder, obsessive compulsive disorder)
- 4 eating disorder
- 5 alcohol-related disorder
- 6 drug-related disorder
- 7 schizophrenia
- 8 any other mental health condition [please specify]

Any current treatments for mental health conditions were also collected for both adult and child participants.

The small number of adult participants who reported doctor-diagnosed stress (unprompted) as an 'other' mental health condition were included in these analyses of anxiety disorders.

Chapter 4 contains results on the prevalence of psychological distress for adults (K10 scores).

Prevalence of diagnosed anxiety disorder for children and adults

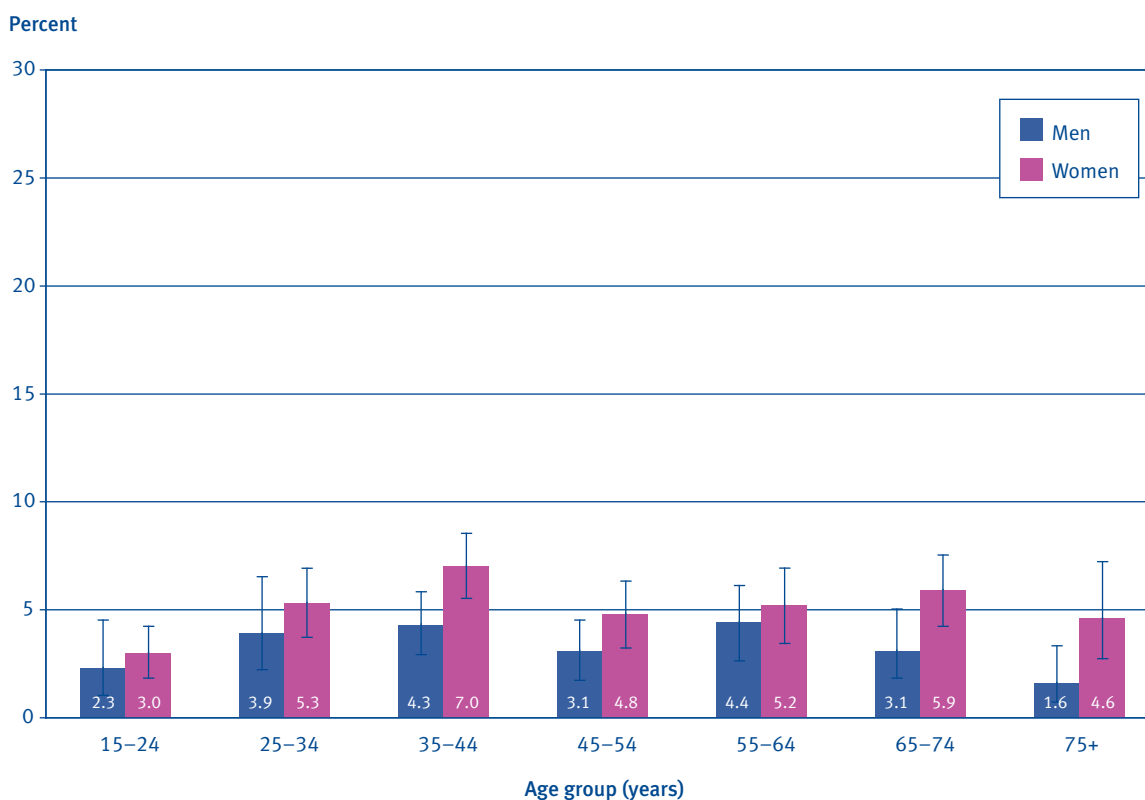
The prevalence of anxiety disorders in children was 0.3% (0.2–0.5), which means that approximately 2800 children in the population were diagnosed by a doctor with anxiety. Due to small numbers, the data presented in the rest of this section are for adults only.

One in 23 adults (4.3%, 3.8–4.8) had been diagnosed with an anxiety disorder. This equates to 134,200 adults. Women (5.0%, 4.3–5.7) were significantly more likely than men (3.4%, 2.7–4.1) to have ever been diagnosed with an anxiety disorder, when adjusting for age.

Prevalence of diagnosed anxiety disorder, by age group

There was little difference by age group in the prevalence of anxiety disorders. Women aged 35–44 years appeared to have the highest prevalence of diagnosed anxiety disorder (Figure 3.35). Women aged 35–44 and 65 years and over had a higher prevalence of diagnosed anxiety disorder compared to men of the same age (p-value < 0.05).

Figure 3.35: Diagnosed anxiety disorder for adults, by age group and gender (unadjusted prevalence)



Source: 2006/07 New Zealand Health Survey

Prevalence of diagnosed anxiety disorder, by ethnic group

Table 3.22 gives an indication of the burden of anxiety disorder in New Zealand’s main ethnic population groups for adults.

Table 3.22: Diagnosed anxiety disorder for adults, by ethnic group (unadjusted)

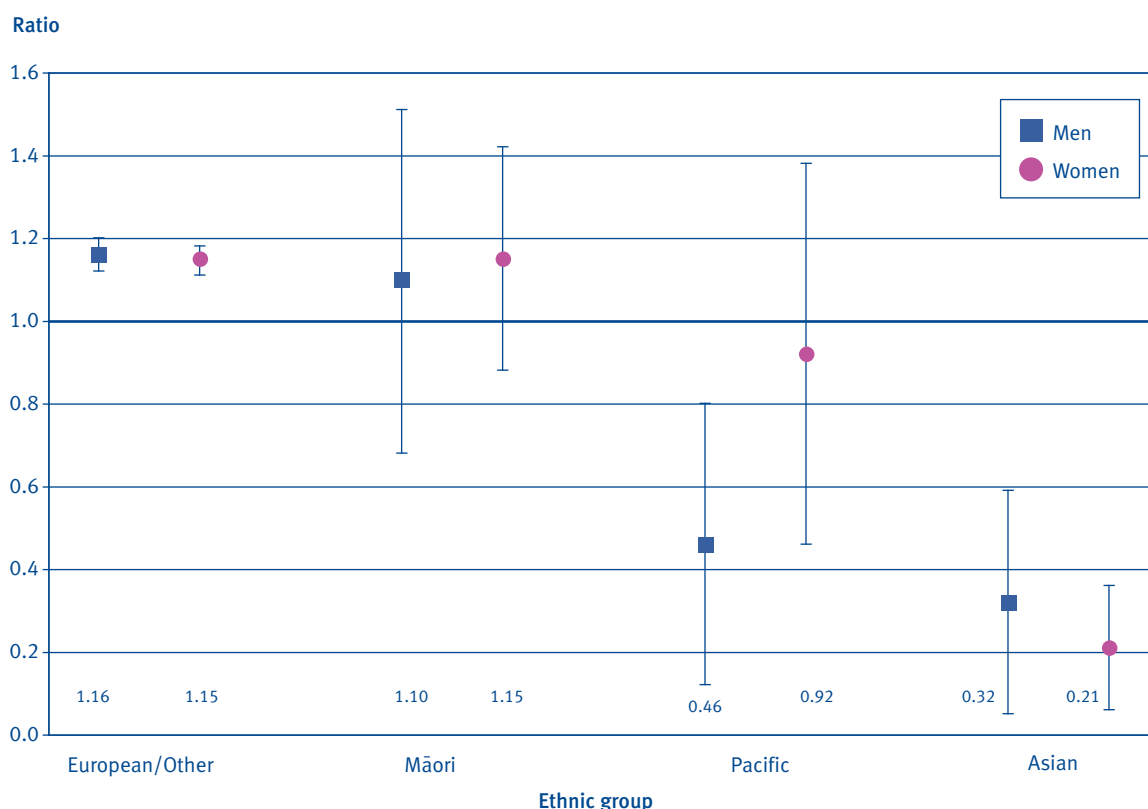
Ethnic group	Prevalence (95% CI)	Number of adults
European/ Other	4.8 (4.3–5.4)	123600
Māori	4.7 (3.7–5.8)	16900
Pacific	2.8 (1.7–3.9)	4600
Asian	1.0 (0.5–1.6)	2700

Source: 2006/07 New Zealand Health Survey

Note: Total response standard output for ethnic groups has been used.

After adjusting for age, European/Other men and women had nearly a 20% increased prevalence of doctor-diagnosed anxiety disorder compared to men and women in the total population (Figure 3.36). Pacific men and Asian men and women were the least likely to be diagnosed with an anxiety disorder.

Figure 3.36: Diagnosed anxiety disorder for adults, by ethnic group and gender (age standardised rate ratio)



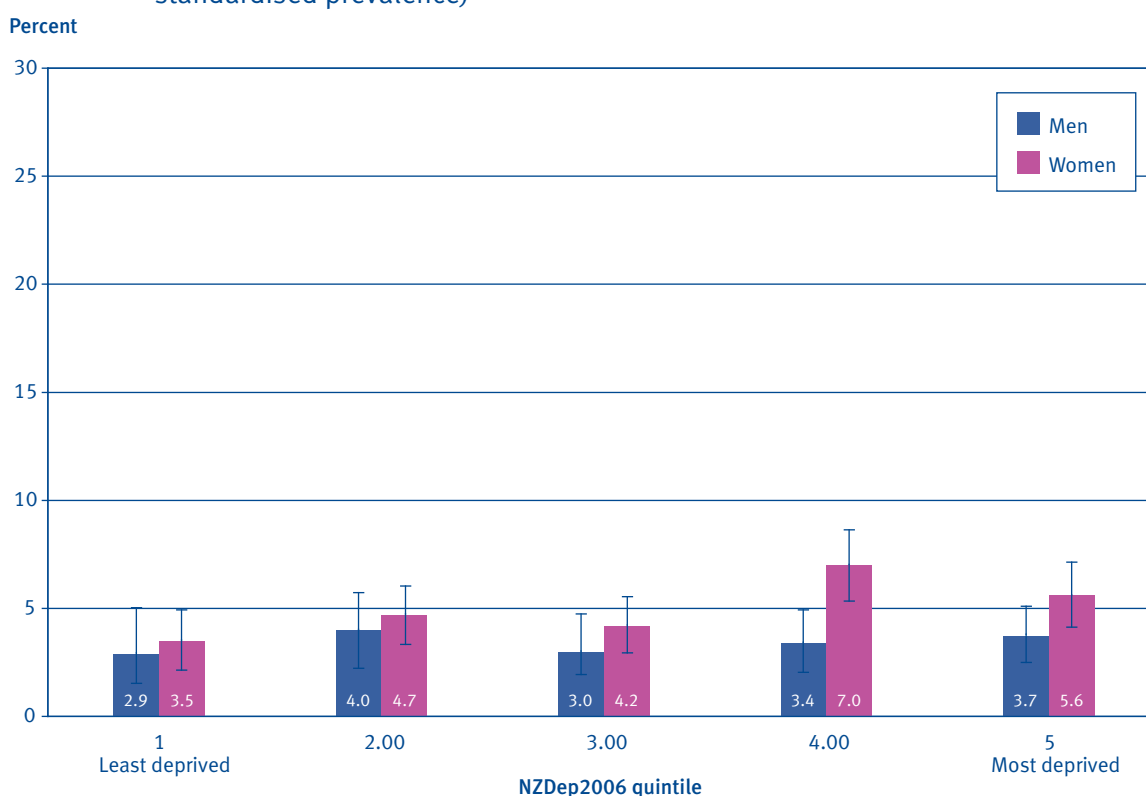
Source: 2006/07 New Zealand Health Survey

Notes: Age standardised to the WHO world population. Reference group, with a rate ratio of 1.00 (indicated by the bold line), is the total male or female population aged 15 years and over. Total response standard output for ethnic groups has been used.

Prevalence of diagnosed anxiety disorder, by neighbourhood deprivation

Women living in NZDep2006 quintile 4 had approximately 2 times the prevalence of anxiety disorders compared to women living in NZDep2006 quintile 1. This difference compared to NZDep2006 quintile 1 was not significant for women in the most deprived areas of NZDep2006 quintile 5 (Figure 3.37). There were no significant differences for men by neighbourhood deprivation.

Figure 3.37: Diagnosed anxiety disorder for adults, by NZDep2006 quintile and gender (age standardised prevalence)



Source: 2006/07 New Zealand Health Survey

Treatment for anxiety disorder

Two out of every five adults who had ever been diagnosed with an anxiety disorder were taking medication for the condition (39.3%, 34.6–44.0). One in seven adults who had ever been diagnosed with an anxiety disorder were receiving counselling (14.5%, 10.4–18.5), just under half of whom were also taking medication (6.4%, 3.8–9.1 – ie, both counselling and medication).

Nearly half of adults who had ever been diagnosed with an anxiety disorder reported not receiving any treatment at the time of the survey (48.5%, 43.0–53.9).